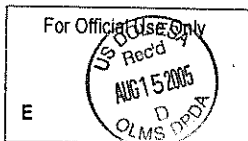


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>6797</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Douglas L Mc Claghry</u> P.O. Box, Bldg., Room No., if any Street <u>PO Box 630</u> City <u>Brownsville</u> State <u>Oregon</u> ZIP Code + 4 <u>97327</u>	4. Name, file number, and address of labor organization. Name <u>Sheet Metal Workers Local 16</u> Labor Organization File Number <u>035-340</u> P.O. Box, Building and Room Number, if any Street <u>2379 NE 178th Ave Suite 16</u> City <u>Portland</u> State <u>Oregon</u> ZIP Code + 4 <u>97230-5957</u>
5. Position in labor organization. <u>Business Agent</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Douglas L Mc Claghry

On

8/8/05
Date

(541) 914-5943
Telephone Number

Name of Person Filing <u>Douglas Mc Claughry</u>	File Number <u>U-</u>
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Sheet Metal Training Trust Fund</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u></u></p> <p>City <u></u></p> <p>State <u></u> ZIP Code + 4 <u></u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>Sheet Metal Training Trust Fund</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u>2379 NE 178th Ave</u></p> <p>City <u>Portland</u></p> <p>State <u>Oregon</u> ZIP Code + 4 <u>97230</u></p>	<p>11.a. Nature of such dealing.</p> <p><u>Regional Contest Tri-City</u></p> <p>11.b. Approximate dollar value of such dealing. <u>\$75</u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>Dinners two nights.</u></p> <p>12.b. Amount. <u>\$75</u></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <u>Sheet Metal Air Conditioning National</u></p> <p>Trade Name, if any: <u>Association (SMACNA)</u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u>4380 SW Macadam Ave Suite 580</u></p> <p>City <u>Portland</u></p> <p>State <u>Oregon</u> ZIP Code + 4 <u>97201</u></p>	<p>14.a. Nature of payment.</p> <p><u>Christmas Party Dinner</u></p>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <u>\$50</u></p>

Name of Person Filing Douglas Mc Claghry

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Northwest Sheet Metal Workers Pension Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 140 S. Arthur, Suite 301

City Spokane

State Washington ZIP Code + 4 99202

11.a. Nature of such dealing.

Trustee Meeting

11.b. Approximate dollar value of such dealing. \$476

12.a. Nature of interest held or income received.

Trustee Meeting-Actual Reimbursed Expenses.

12.b. Amount. \$476